



CATASTROPHIC LEAVE DONATION PROGRAM REQUEST FOR PARTICIPATION

ELIGIBILITY CRITERIA:

1. Employee accrues sick leave and/or vacation leave credits; **and**
 2. Employee has exhausted all his/her own leave credits (vacation, sick leave, CTO, Personal Holiday); **and**
 3. Disability is due to a Catastrophic Illness/Injury which has totally incapacitated employee from work; **and**
 4. Medical Certification of Disability is attached to the request, or employee has applied for NDI.
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Participation requested by:

Employee Family Member Representative

Employee Illness/Injury

Family Member Illness/Injury

_____ **Meet the eligibility criteria s stated above.**

Print/Type Name of Employee

The treating physician’s medical certification of disability is attached to this request, or employee has applied for NDI, and meets the definition of catastrophic illness/injury as stated above.

Signature: _____ Date: _____

Employee/Family Member/Representative

Forward to the Human Resources Department with completed Medical Certification of Disability

HUMAN RESOURCES USE ONLY:

I certify above employee is eligible to receive donated leave credits as part of the Catastrophic Leave Donation Program,

Effective _____ through _____

Signature: _____ Date: _____

Director of Human Resources

Distribution is made by the Human Resources Department
 Original: Human Resources; Copies: Employee, Department, Payroll Department

PAYROLL USE ONLY:

_____ donated leave credits will supplement employee’s NDI IDL TD -OR-

_____ donated leave credits will continue employee on full catastrophic leave donation